

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6021
STATE FILE NUMBER
1202
Registrar's No.

FILED FEB 25 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips			Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 31170 4141 Fairfax		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Joseph Boyd				First	Middle	Last	4. DATE OF DEATH Month 2 Day 3 Year 57	
5. SEX Male	2 6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar, 31 1889		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 10 Days 3 Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor of Cab Co.			10b. KIND OF BUSINESS OR INDUSTRY Allen Cab Co.	11. BIRTHPLACE (City and state or country) Wentzville, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME ? Boyd				14. MOTHER'S MAIDEN NAME Ruth ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No		16. SOCIAL SECURITY NO. 490-I4-9858		17. INFORMANT Address Ella Ruth Thomas 4229 W. Belle				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							420.0	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I Generalized Arteriosclerosis; Hypertensive and Arteriosclerotic Heart							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from 1-18-57 to 4-3-57 and last saw her alive on 1-3-57 Death occurred at 2-3-57; 1:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Hugh Waters, M.D.				22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 2-4-57		
23a. BURIAL, CREMATION, REPAVAL (Specify) Removal	23b. DATE Feb, 7, 1957	23c. NAME OF CEMETERY OR CREMATORY Wentzville Cemetery		23d. LOCATION (City, town, or county) Wentzville, Mo.		(State)		
24. FUNERAL DIRECTOR Wright Funeral Home 3100 Easton Ave.			25. DATE RECD. BY LOCAL REG. FEB 6 '57		26. REGISTRAR'S SIGNATURE Carl Smith M.D.			

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Arthur L. Hill*

Licensed Embalmer No. *4*

P. O. Address *5516 N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.